



**Denver Nutrition, LLC**  
**Transformation through Nutrition**  
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**[www.Denver-Nutrition.com](http://www.Denver-Nutrition.com)**  
**303-782-4842**

**Confidential Health Intake Form \* Welcome to Denver Nutrition, LLC.**

My approach requires me to have a thorough understanding of your health history to determine underlying causes affecting your health. Please take plenty of time to complete this form, both carefully and thoroughly. The more detailed and accurate you are, the more I will be able to help you achieve your health goals. All of the information herein will be treated in accordance with all applicable confidentiality laws and practices and is intended solely for the use of Denver Nutrition.

Name:

Referred by:

Date:

Address:

City:

State:

Zip:

Phone:

(day)

(night)

(cell)

Age:

Birthdate:

Height:

Weight:

On a 1-10 scale, (1 being the lowest, 10 being the highest) what is your level of commitment to making nutritional changes to reach your health goals.

Do you consider yourself underweight, overweight, just right? Please circle your choice.

Blood type (if known):

Family/Living Situation: (Single/ Married/ Divorced/ Widowed/ Significant Other)

Children:

Occupation:

How long at this occupation?

Exercise/Recreation (Type and Frequency):



Have you had periods of eating junk food, binge eating or dieting?

Do you take any over the counter or prescription medications on a regular basis, including things such as aspirin, Tylenol, birth control pills, etc?

Do you have silver dental fillings?

Do you think any of the above Health Hazards are related to your health issues?

### **Dietary Habits and Choices:**

What were your diet and family eating habits like growing up?

Describe your diet at the onset of your health problems:

Have you used special diets to try and address your health issues?

Do you find yourself eating in response to any of the following emotions?

1. Angry:
2. Lonely:
3. Tired:
4. Depressed:
5. Celebrating:

Do you generally eat meals sitting at a table or do you eat at your desk or in your car?

Do you believe that you have an eating disorder?

What do you usually eat for breakfast?

What do you usually eat for lunch?

What do you usually eat for dinner?

What are your favorite snack foods?

What food(s) and drinks would you describe as your biggest weakness (for example: chocolate, ice-cream, cookies, chips, soda etc.)

*- Let go of reaction or judgment-Tell everything –it's ok*

How are your mood and energy level affected by eating these foods?

How are your moods in general? Do you experience more than you would like of anxiety? Depression? Anger?

Indicate your level of happiness on a scale of 1-10 with 1 being the lowest: \_\_\_\_\_

Indicate your level of stress on a scale of 1-10 with 1 being the lowest: \_\_\_\_\_

**Sleep:** How is your sleep? Can you get to sleep easily?

Can you stay asleep?

What time do you go to sleep and what time do you wake up?

Are your sleep habits regular?

Do you feel rested when you wake up?

### **Woman's Health:**

How are/were your menses? Do/did you have PMS? Painful periods?

If you are a female and no longer cycling, what were your periods like when you were cycling?

**Elimination:** Describe the frequency of bowel movements, check which applies:

Bowel movements usually occur: once a day\_\_\_\_, twice a day\_\_\_\_, more than twice a day\_\_\_\_. More than 3 times a day\_\_\_\_, every other day, every 2-3 days\_\_\_\_, once a week\_\_\_\_

**Digestion:** Do you digest food easily or do you have bloating, gas, burping or other forms of digestive discomfort? Are there certain foods that you know cause you digestive disturbance?

**Energy:** On a scale of 1-10, one being the worst and 10 being the best; describe your usual level of energy. (circle one): 1 2 3 4 5 6 7 8 9 10

What time of the day do you have the best energy?

What time of the day is your energy lowest?

What goals would you like to accomplish from the nutrition consult process?

Is there any other information that you would like to share that may be helpful and relevant?